## **Skilled Trades Detailed License Verification Request**

Michigan Department of Licensing and Regulatory Affairs Bureau of Construction Codes/Licensing Section P.O. Box 30255, Lansing, MI 48909 517-241-9316

Authority:	2016 PA 407, MCL 339.5401	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are
Penalty:	Failure to provide information may result in denial of your request.	available upon request to individuals with disabilities.

## **General Instructions:**

## **FEE PAYMENT INFORMATION**

Submit a \$30.00 fee and a separate form for EACH license type and mail to P.O. Box 30255, Lansing, MI 48909. Make checks or money order payable to State of Michigan.

\*\*\* Any documentation submitted with your application becomes property of the State of Michigan and will not be returned.

equestor Information REQUESTOR'S FIRST NAME	MIDDLE NAME	MIDDLE NAME		LAST NAME	
REQUESTOR'S E-MAIL ADDRESS				REQUESTOR'S PHONE NUMBER	
IST THE NAME OF THE PERSON OR ENTITY WHO	DM YOU ARE SEEKING LICENSE \	/ERIFICATION LI	CENSE NUMBER		
RECIPIENT"S NAME/ASSOCIATION/SCHOOL/US S	TATE TO SEND LICENSE VERIFIC	ATION TO			
RECIPIENT'S STREET ADDRESS TO SENT LICENS	E VERIFICATION TO				
CITY		STATE		ZIP CODE	
HOW DO YOU WANT THE VERIFICATION SENT TO	RECIPIENT		SENDING VIA E-M	AIL, LIST RECIPIENT'S E-MAIL ADDRESS	
CHECK THE LICE	NSE TYPE			FOR OFFICE USE ONLY	
☐ Electrical					
☐ Mechanical					
☐ Boiler					
☐ Inspector Registrations					
☐ Plumbing					
FOR OFFICE USE ONLY					

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